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Bib Data Sheet

CONFIRMATION NO. 4928

<b>SERIAL NUMBER</b> 09/293,486	<b>FILING DATE</b> 04/15/1999 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 3722	<b>ATTORNEY DOCKET NO.</b> 6391-1-3
<b>APPLICANTS</b> WARREN M. FABEL, DELRAY BEACH, FL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/102,852 06/23/1998 PAT 6,257,624 AND A CIP OF 09/097,246 06/12/1998 AND A CIP OF 08/049,946 04/20/1993 PAT 5,836,622				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/07/1999</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> SALIWANCHIK, LLOYD & SALLIWANCHIK 2421 N. W. 41TH STREET SUITE A-1 GAINESVILLE ,FL 32606				
<b>TITLE</b> SINGLE-SIDE IMAGED POSTAL FORM ASSEMBLY				
<b>FILING FEE RECEIVED</b> 833	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	